

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09-783353	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1								
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49		1							
50	1								
TOTAL IND.			↓		↓		↓		
TOTAL DEP.			↓		↓		↓		
TOTAL CLAIMS									

BEST AVAILABLE COPY

TOTAL IND.	5
TOTAL DEP.	86
TOTAL CLAIMS	91